

RCE
TJW

PTO/SB/30 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Request
for
Continued Examination (RCE)
Transmittal.

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/939,166
Filing Date	August 24, 2001
First Named Inventor	Boynton, Thomas A.
Art Unit	3764
Examiner Name	DEMILLE, Danton D.
Attorney Docket Number	VAC.715.US

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
ii. Other Copies of References cited in Information Disclosure Statement filed 02/15/05

b. Enclosed

i. Amendment/Reply iii. Amended Information Disclosure Statement (IDS)
ii. Affidavit(s)/ Declaration(s) iv. Other Acknowledgement Postcard

2. Miscellaneous

a. period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
b. Other _____

3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to
Deposit Account No. 500326. I have enclosed a duplicate copy of this sheet.

i. RCE fee required under 37 CFR 1.17(e)
ii. Extension of time fee (37 CFR 1.136 and 1.17)
iii. Other _____

b. Check in the amount of \$ _____ enclosed
c. Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature	<u>Robert W. Mason</u>	Date	21 April 2005
Name (Print/Type)	Robert W. Mason	Registration No.	42,848

CERTIFICATE OF MAILING OR TRANSMISSION

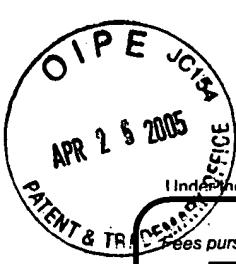
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature	<u>Robert W. Mason</u>	Date	21 April 2005
Name (Print/Type)	Robert W. Mason	Registration No.	42,848

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

04/26/2005 SFELEKE1 00000113 09939166



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
790.00

Complete if Known

Application Number	09/939,166
Filing Date	August 24, 2001
First Named Inventor	Boynton, Thomas A.
Examiner Name	DEMILLE, Danton D.
Art Unit	3764
Attorney Docket No.	VAC.715.US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 500326 Deposit Account Name: Kinetic Concepts, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE (790)

790.00

SUBMITTED BY

Signature	<i>Robert W. Mason</i>	Registration No. 42,848 (Attorney/Agent)	Telephone 210 255 6271
Name (Print/Type)	Robert W. Mason		Date 21 April 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/939,166 Confirmation No. 4114
Inventor : BOYNTON, Thomas A.
Filed : August 24, 2001
Group Art Unit : 3764
Examiner : DEMILLE, Danton D.
Docket No. : VAC.715.US
Customer No. : 30159
Title: NEGATIVE PRESSURE ASSISTED TISSUE TREATMENT SYSTEM

CERTIFICATE OF MAILING
37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below:

April 21, 2005
Date

Robert W. Mason
Robert W. Mason

REQUEST FOR CONTINUED EXAMINATION

Remarks

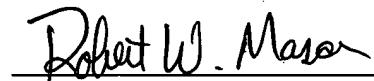
Applicant has submitted a Request for Continued Examination (RCE) in response to the Office Communication dated March 15, 2005. The Examiner indicated therein that Applicant's Information Disclosure Statement filed on February 18, 2005 was placed in the application file but was not considered due to a lack of statement as specified in 37 CFR 1.97(e). Applicant submits herewith, for Examiner's review and consideration, an amended IDS including a statement in compliance with 37 CFR 1.97(e). Applicant respectfully requests full and proper consideration of the enclosed amended IDS, and also that the listed information be printed on any patent that issues therefrom.

If upon consideration of the above, the Examiner feels outstanding issues remain in the present application, the Examiner is invited to contact the undersigned at the telephone number indicated to discuss prompt resolution of such issues. Commissioner is hereby

authorized any payments or credit any fees that may be required in this matter from Kinetic Concepts Inc. Deposit Account No. 500-326.

Applicant respectfully requests favorable consideration.

Respectfully submitted,



Robert W. Mason
Robert W. Mason
Reg. No. 42,848
Attorney for the Applicant

TEL: (210) 255-6271
FAX: (210) 255-6969